

zyme deficiency: 50 grams of lactose are mixed with the barium solution used for a small bowel examination. Serial roentgenograms are taken in the usual way. In the presence of lactase deficiency, characteristic radiographic changes occur with dilatation of the distal small bowel and pronounced dilution of the barium. This dilution effect is even more striking in the colon, where barium is usually concentrated by water resorption. Rapid transit is also characteristic and the patients with this disorder usually report cramps and diarrhea during the examination.

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REFERENCES

- Bayless TM, Christopher NL: Disaccharidase deficiency. *Am J Clin Nutr* 22:181, 1969
 Laws JW, Neale G: Radiologic diagnosis of disaccharidase deficiency. *Lancet* 2:139-143, 1966
 Preger L, Amberg J: Sweet diarrhea, roentgen diagnosis of disaccharidase deficiency. *Amer J Roentgenol* 101:287-295, 1967

Selective Arteriography in Locating The Site of Gastrointestinal Hemorrhage

Bleeding into the gastrointestinal lumen at a rate as low as 0.5 ml per minute (360 ml per 24 hours) can be demonstrated by selective visceral arteriography. Wide clinical experience has now established arteriography as an important technique in evaluation of gastrointestinal bleeders. In addition to demonstration of active bleeding, arteriography can establish the direction of blood flow in the portal system, and the presence of a variety of vascular, neoplastic, and inflammatory lesions serving as a source of chronic or recurrent bleeding.

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REFERENCES

- Baum S, Stein GN, Nusbaum N, et al: Selective arteriography in the diagnosis of hemorrhage in the gastrointestinal tract. *Radiol Clin N Amer* 7:131-145, 1969
 Reuter SR, Bookstein JJ: Angiographic localization of gastrointestinal bleeding. *Gastroenterology* 54:876-883, 1968

Splanchnic Artery Stenosis and Occlusion

On review of more than 700 splanchnic artery angiograms a 17.3 percent incidence of occlusion of single or multiple vessels was noted. The majority of these investigations were for hypertension, peripheral vascular disease, or abdominal

masses. The celiac artery was more frequently involved with non-arteriosclerotic lesions such as fibromuscular hyperplasia, impression of the crus of the diaphragm, or adhesive bands. The superior mesenteric and inferior mesenteric arteries were more commonly affected by concentric narrowing of arteriosclerosis. None of the patients with eccentric stenosis exhibited typical abdominal angina despite severe stenosis and multiple vessel involvement. Surprisingly, 49 percent of the patients with obstruction of the celiac artery had abdominal symptoms attributable to the lesion.

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REFERENCE

- Bron KM, Redman HC: Splanchnic artery stenosis and occlusion. *Radiology* 92:323-328, 1969

Preliminary Sensitivity Testing In Intravenous Pyelography

Minor reactions to intravenous contrast media used in excretory urography occur rather commonly. These are generally mild and transient, and require no treatment. Rarely severe reactions occur requiring prompt treatment to prevent death or other serious consequence. No preliminary sensitivity testing procedure has been found to be absolutely reliable for excluding those patients who will experience either an untoward or an allergic reaction to the intravenous iodine-containing contrast medium. Most radiologists perform a preliminary sensitivity determination of some kind, usually the intravenous injection of a small volume of the contrast medium. A history of clinical allergic disease, sensitivity to iodine, or an untoward reaction to the previous pyelogram injection should alert the physician to a greater possibility of reaction to the injection medium. Drugs and equipment to treat severe reaction promptly should be readily available. Prophylactic treatment with steroids or antihistamines may be required if the examination is absolutely necessary and the patient has a known allergic response to the contrast medium.

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REFERENCES

- DeNosaquo N: Reactions to contrast media. *Radiology* 91:92-95, 1968
 Lasser EC: Basic mechanisms of contrast media reactions. *Radiology* 91:63-65, 1968
 Barnhard HJ, Barnhard FM: The emergency treatment of reactions to contrast media. *Radiology* 91:74-84, 1968